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PECOPD Do							Application or Docket Number 10663673		Filing Date: 09/17/2003			☐ To be Mailed	
	API	SMALL	OTHER THAN ALL ENTITY OR SMALL ENTITY										
FOR			NUMBER FILED		NUMBER EXT	RA		RATE (\$)	FEE (\$)		RATE (	\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	<b>A</b>	N/A		Ì	N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A	`	N/A		١	N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•			X \$25 =		OR	X \$50 =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•			X \$100 =			X \$200 =	•	
□ар	PPLICATION SIZE 7 CFR 1.16(s))	FEE fe fo	If the specification and drawings excee 100 sheets of paper, the application si fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractio thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			ize on							
	ULTIPLE DEPEN	DENT CLAIM P	RESENT (3	7 CFR 1.16(j))			ı	+ \$180			+\$360	)	
* If the difference in column 1 is less than zero, enter "0" in column 2.							-	TOTAL			TOTAL	L	
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	10.11.06	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEF PREVIOUS PAID FOI	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (	\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	<b>*</b> 10	Minus	<b>**</b> 20	= 0			X \$25 =		OR	X \$50=		
嶌	Independent (37 CFR 1.16(h))	• 2	Minus	<b>+</b> 3	= 0			X \$100 =		OR	X \$200=		0
Ĭ¥.	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						Ì			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2	2) (Column	3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOI	R PRESEI			RATE (\$)	ADDITIONAL FEE (\$)		RATE (	\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•	Minus	**	=		ľ	X \$25 =		OR	X \$50 =		
	Independent (37 CFR 1.16(h))	*	Minus	**	=		I	X \$100 =		OR	X \$200	=	
₩	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
CALCULATE								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If th *** If ti	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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